



**Kansas Department of Health and Environment  
Center for Health and Environmental Statistics  
Office of Health Care Information  
Curtis State Office Building – 1000 SW Jackson, Suite 130  
Topeka, Kansas 66612-1354  
Phone (785) 296-8627 – Fax (785) 368-7118**

**CHES RD-1  
Data Request  
Form**  
Attachment 8 – Rev 9/2004

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax number \_\_\_\_\_ E-mail \_\_\_\_\_  
 Data Type Wanted ☐ Birth ☐ Death ☐ Marriage ☐ Marriage Dissolution ☐ Abortion ☐ Trauma  
 User Level ☐ *Public Use* (aggregate) ☐ *Restricted* (aggregate) ☐ *Restricted* (Records w/o identifiers) ☐ *Confidential* (records w/identifiers)

**Please Answer All Questions**

1. What data elements are needed? Describe the level of data detail requested. Use extra sheet if needed.

2. Describe proposed project/study:

3. Purpose of project/study:

4. Has this project or study protocol been approved by an institutional review board? ☐ Yes ☐ No ☐ N/A

5a. Describe proposed use and/or release of the data

5b. If data are to be released, how?

6a. Describe data security procedures you or your organization will follow, and name of person responsible for data security:

6b. Who has access to the data?

7. Delivery Format ☐ Hard copy (paper) ☐ ZIP disk ☐ 3.5 inch disk ☐ CD-Rom  
 Data Format ☐ ASCII-text (CSV) ☐ DBF format ☐ Spreadsheet ☐ Other

I hereby agree that a) I will abide by Center for Health and Environmental Statistics data disclosure policies; b) I will not use Vital Statistics or Trauma data in an identifying manner, including but not limited to follow-back of individuals or providers, record matching or linking to other data, creation/distribution of mailing lists, and offering for sale of any product or service to any individual or any address; and c) I will accept any cell suppression and/or data coarsening necessary to reduce the risk of individual disclosure. I understand that disclosure of individual information would be in violation of K.S.A. 65-2422d(d), and may subject me to a \$100 fine and denial of all future data requests.

Requester \_\_\_\_\_ Date \_\_\_\_\_ Department Head \_\_\_\_\_ Date \_\_\_\_\_

**CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS USE ONLY**

Tracking Number \_\_\_\_\_ Fee Charged \_\_\_\_\_

Data Request Received \_\_\_\_\_  
 Date \_\_\_\_\_ Initials \_\_\_\_\_

Request Approve/Denied by OHCI \_\_\_\_\_  
 Date \_\_\_\_\_ Initials \_\_\_\_\_

Request Approved/Denied by CHES \_\_\_\_\_  
 Date \_\_\_\_\_ Initials \_\_\_\_\_

Request Filled \_\_\_\_\_  
 Date \_\_\_\_\_ Initials \_\_\_\_\_

☐ Request Modified ☐ Request Not Modified

Explanation: \_\_\_\_\_